

**Appendix Tab 3**

**Ford At-Will Employment Agreements Signed by Plaintiffs**  
(Deposition Exhibits 57, 64, 88, 97, 101, 102, 106, 110, 113, 121, 125, 128, 133)

Whisman, et al. v. Ford  
1:02-CV-406  
Defendant's MSJ Appendix

**TAB 3**

**EXHIBIT**57 8-4-03  
JMB**EMPLOYMENT AGREEMENT**

In consideration of the compensation paid to me as an employee and the facilities and data made available to me by my employer identified on the reverse side, I hereby recognize as the exclusive property of, and assign, transfer, and convey to my employer without further consideration each and every invention, discovery or improvement made, conceived or developed by me (whether alone or jointly with others) during the period of my employment which relates to any matter, thing, process or method of manufacture connected in any way with my work or with tests carried on by Ford Motor Company or any of its subsidiaries, or which is within the scope of their business, and I will upon request of my employer at any time execute documents assigning to it, or its designee, any such invention, discovery or improvement or any patent application or patent granted therefor, and will execute any papers requested relating thereto. I will also give all reasonable assistance to my employer, or its designee, regarding any litigation or controversy in connection therewith, all expenses incident thereto to be assumed by my employer.

I agree to pay my employer, and hereby authorize it to deduct from any moneys due me, the sum of \$3.00 for each identification pass, \$3.00 for each picture badge, 30 cents for each tool check, and the cost of any other equipment received by me while in its employ, which is lost or damaged, or which I fail to return in good condition (except for ordinary wear and tear in the course of business) upon demand. I waive any responsibility on the part of my employer for loss or damage to personal equipment.

I understand that my employment is not for any definite term, and may be terminated at any time, without advance notice, by either myself or my employer; that my employment is subject to such rules, regulations, and personnel practices and policies, and changes therein, as my employer may from time to time adopt; and that my employment shall be subject to such layoffs, and my compensation to such adjustments, as my employer may from time to time determine.

I understand that medical information disclosed to my employer's examining physician is not for treatment as a patient and is not privileged. I elect to become subject to the state workmen's compensation law that is or becomes applicable to my employment.

I acknowledge that the terms contained herein are the entire terms of my employment agreement, that there are no other arrangements, agreements, or understandings, oral or in writing, regarding my present or future employment with Ford Motor Company or any of its subsidiaries and that any purported arrangements, agreements or understandings made in the future shall not be valid unless evidenced by a writing signed by a properly authorized representative of my employer.

REMARKS:

*[Signature]* *[Signature]*  
EMPLOYEE REPRESENTATIVE AND WITNESS  
EMPLOYEE SIGNATURE

EWM1 0073

EXHIBIT

56 8.4.03  
AMB

## EMPLOYMENT AGREEMENT

In consideration of the compensation paid to me as an employee and the facilities and data made available to me by my employer identified on the reverse side, I hereby recognize as the exclusive property of, and assign, transfer, and convey to my employer without further consideration each and every invention, discovery or improvement made, conceived or developed by me (whether alone or jointly with others) during the period of my employment which relates to any matter, thing, process or method of manufacture connected in any way with my work or with tasks carried on by Ford Motor Company or any of its subsidiaries, or which is within the scope of their business, and I will, on request of my employer or at any time execute documents assigning, or its designee, any such invention, discovery or improvement and will execute any papers requested relating thereto. I will also give all reasonable assistance to my employer, or its designee, regarding any litigation or controversy in connection therewith, all expenses incident thereto to be assumed by my employer.

I agree to pay my employer, and hereby authorize it to deduct from any moneys due me, the sum of \$3.00 for each identification pass, \$3.00 for each picture badge, 20 cents for each tool crack, and the cost of any other equipment received by me while in its employ, which is lost, damaged, or which I fail to return in good condition (except for ordinary wear and tear in the course of business) upon demand. I waive my responsibility on the part of my employer for loss or damage to personal equipment.

I understand that my employment is not for any definite term, and may be terminated at any time, without advance notice, by either myself or my employer; that my employment is subject to such rules, regulations, and personnel practices and policies, and changes therein, as my employer may from time to time adopt; and that my entire compensation shall be subject to such changes, and my compensation to such adjustments, as my employer may from time to time determine.

I hereby state that medical examination disclosed to my employer's examining physician is not for treatment as a patient and is not primarily for occupational purposes, so that State Workmen's Compensation Law that is or becomes applicable to my employment.

I hereby state that the terms contained herein are the entire agreement between me and my employer, and that no other arrangements, oral or written, have been made, and that any such arrangements, oral or written, made in violation of the above shall be null and void unless evidenced by a written agreement and by a properly authorized representative of my employer.

A. C. Jones  
6/5/89

Everett W. Whisman  
6-5-89

EWW1 0282

## LIFE AND DISABILITY INSURANCE FOR EMPLOYEES BEING REINSTATED

If you were a subscriber to the Life and Disability Insurance Plan during previous employment, it is assumed that you wish to have your insurance reinstated as of the date of your return to active employment.

If you do not desire to have your insurance reinstated, you must contact your Personnel Benefits Representative and complete a Cancellation Form.

## EMPLOYMENT AGREEMENT

In consideration of the compensation paid to me as an employee and the facilities and data made available to me by my employer identified on the reverse side, I hereby recognize as the exclusive property of, and assign, transfer, and convey, to my employer without further consideration such and every invention, discovery or improvement made, conceived or developed by me (whether alone or jointly with others) during the period of my employment which relates to any matter, thing, process or method of manufacture connected in any way with my work or with tests earned on by Ford Motor Company or any of its subsidiaries, or which is within the scope of their business, and I will upon request of my employer at any time execute documents assigning to it, or its assignees, any such invention, discovery or improvement or any patent application or patent granted therefor, and will execute any papers requested relating thereto. I will also give all reasonable assistance to my employer, or its designee, regarding any litigation or controversy in connection therewith, all expense incident thereto to be assumed by my employer. I also recognize and agree that papers, records and plans generated by me or others for my employer are in employer's property and I am not to make any unauthorized disclosure or retain copies of them.

I agree to pay my employer upon demand the cost of any equipment received by me while in its employ which is lost or damaged or which I fail to return in good condition (except for ordinary wear and tear in the course of business). I warrant any responsibility on the part of my employer for loss or damage to personal equipment.

I understand that my employment is not for any definite term, and may be terminated at any time, without advance notice, with or without cause, by myself or employer at the will of either. I agree in conformity to such personnel practices, procedures and policies, and changes therein, as my employer may from time to time adopt, and that my employment shall be subject to such layoffs, and my pay and benefits to such adjustments as my employer may from time to time determine.

I understand that medical information disclosed to my employer's examining physician is not for treatment as a patient and is not privileged. I elect to become subject to the state workers' compensation law that is or becomes applicable to my employment.

I acknowledge that the terms contained herein are the entire terms of my employment, that personnel practices, procedures and policies of my employer shall not change my employment from one terminable at will, that there are no other arrangements, agreements, or understandings, oral or in writing, regarding my present or future employment with Ford Motor Company or any of its subsidiaries and that any purported arrangements, agreements or understandings made in the future shall not be valid unless evidenced by a writing signed by me and the vice president responsible for employee relations.

EMPLOYEE'S SIGNATURE

REMARKS

COMPANY REPRESENTATIVE AND WITNESS OF EMPLOYEE'S SIGNATURE

EXHIBIT

64 8-4-03  
AMB

LIFE AND DISABILITY INSURANCE FOR EM' ES BEN' INSTATED

If you were a subscriber to the Life and Disability Insurance Plan during previous employment, it is assumed that you wish to have your insurance reinstated on the date of your return to active employment.

If you do not desire to have your insurance reinstated, you must contact your Personnel Benefits Representative and complete a Cancellation Form.

**HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS**

1. **Number of Exemptions.**—Do not claim more than the correct number of exemptions. However, if you expect to owe more income tax than will be withheld, you may either claim a smaller number of exemptions or enter into an agreement with your employer to have additional amounts withheld. This is important if you have more than one employer.

If both husband and wife are employed, ask your employers to see Internal Revenue Service Notice 186 that shows how to claim withholding exemptions so as to avoid owing large additional amounts of taxes.

Nonresident aliens other than residents of Canada, Mexico, or Puerto Rico may claim only one personal exemption.

2. **Itemized Deductions.**—See Schedule A (Form W-4) for instructions on claiming additional withholding allowances based on large itemized deductions.

3. **Changes in Exemptions.**—You may file a new certificate at any time if the number of your exemptions INCREASES.

You must file a new certificate within 10 days if the number of exemptions you previously claimed DECREASES. Examples of all-

uations in which the number of your exemptions would decrease are as follows:

(a) You and your wife (or husband) for whom you have been claiming an exemption are divorced or legally separated.

(b) Your wife (or husband) for whom you have been claiming an exemption claims her (or his) own exemption on a separate certificate.

(c) You no longer expect to furnish more than half the support for the year of a dependent for whom you have been claiming an exemption.

(d) You find that a dependent for whom you claimed an exemption will receive \$6251 or more of income of his own during the year (except your child who is a student or who will be under 19 years of age at the end of the year).

The death of a spouse or a dependent does not affect your withholding until the next year, but requires the filing of a new certificate. If possible, file a new certificate by December 1 of the year in which the death occurs. If you qualify as a surviving spouse with dependent child (children), you may claim your personal exemption on line 2 as a married individual for the two years following the year of the death of your spouse.

This amount is \$625 for 1970, \$650 for 1971, \$700 for 1972 and \$750 for 1973 and thereafter.

4. **Dependents.**—Each dependent claimed on line 4 must meet all of the following tests:

(a) **Income.**—Will receive less than \$6251 income (if the child will be under 19 at the end of the year or is a full-time student, this limitation does not apply.)

(b) **Support.**—Will receive more than half of his support from you (from husband or wife if a joint return is filed).

(c) **Married Dependents.**—Will not file a joint return with husband or wife.

(d) **Nationality.**—Be either a citizen or resident of the U.S. or a resident of Canada, Mexico, the Republic of Panama or the Canal Zone; or be an alien child adopted by and living with a U.S. citizen abroad.

(e) **Relationship.**—(1) Be related to you as follows:

Child	Stepbrother	Son-in-law
Stepchild	Stepsister	Daughter-in-law
Mother	Stepmother	The following if related by blood:
Father	Stepfather	Uncle
Grandparent	Mother-in-law	Aunt
Brother	Father-in-law	Nephew
Sister	Brother-in-law	Niece
	Sister-in-law	

Grandchild  
or, (2) Be a member of your household and have your home as his principal residence for the entire taxable year.

includes a child who is a member of your household if placed with you by an authorized placement agency for legal adoption.

**EMPLOYMENT AGREEMENT**

In consideration of the compensation paid to me as an employee and the facilities and data made available to me by my employer identified on the reverse side, I hereby recognize as the exclusive property of, and assign, transfer, and convey to my employer without further consideration each and every invention, discovery or improvement made, conceived or developed by me (whether alone or jointly with others) during the period of my employment which relates to any matter, thing, process or method of manufacture connected in any way with my work or with tests carried on by Ford Motor Company or any of its subsidiaries, or which is within the scope of their business; and I will upon request of my employer at any time execute documents assigning to it, or its designee, any such invention, discovery or improvement or any patent application or patent granted therefor, and will execute any papers requested relating thereto. I will also give all reasonable assistance to my employer, or its designee, regarding any litigation or controversy in connection therewith, all expenses incident thereto to be assumed by my employer.

I agree to pay my employer, and hereby authorize it to deduct from any moneys due me, the sum of \$3.00 for each identification pass, \$5.00 for each picture badge, 50 cents for each tool check, and the cost of any other equipment received by me while in its employ, which is lost or damaged, or which I fail to return in good condition (except for ordinary wear and tear in the course of business) upon demand. I waive any responsibility on the part of my employer for loss or damage to personal equipment.

I understand that my employment is not for any definite term, and may be terminated at any time, without advance notice, by either myself or my employer; that my employment is subject to such rules, regulations, and personnel practices and policies, and changes therein, as my employer may from time to time adopt; and that my employment shall be subject to such layoffs, and my compensation to such adjustments, as my employer may from time to time determine.

I understand that medical information disclosed to my employer's examining physician is not for treatment as a patient and is not privileged. I elect to become subject to the state workmen's compensation law that is or becomes applicable to my employment.

I acknowledge that the terms contained herein are the entire terms of my employment agreement, that there are no other arrangements, agreements, or understandings, oral or in writing, regarding my present or future employment with Ford Motor Company or any of its subsidiaries and that any purported arrangements, agreements or understandings made in the future shall not be valid unless evidenced by a writing signed by a properly authorized representative of my employer.

**EXHIBIT**88 8-5-03  
PMB

*Picky D. Ewin*  
EMPLOYEE SIGNATURE

COMPANY REPRESENTATIVE AND WITNESS OF EMPLOYEE'S SIGNATURE

REMARKS:

EWW1 1102

3132875001

**EMPLOYMENT AGREEMENT**

In consideration of the compensation paid to me as an employee and the facilities and data made available to me by my employer identified on the reverse side, I hereby recognize as the exclusive property of, and assign, transfer, and convey to my employer without further consideration each and every invention, discovery or improvement made, conceived or developed by me (whether alone or jointly with others) during the period of my employment which relates to any motor, thing, process or method of manufacture connected in any way with my work or with tests carried on by Ford Motor Company or any of its subsidiaries, or which is within the scope of their business, and I will upon request of my employer at any time execute documents assigning to it, or its assignee, any such invention, discovery or improvement or any patent application or patent granted therefor, and will execute any papers requested relating thereto. I will also give all reasonable assistance to my employer, or its designee, regarding any litigation or controversy in connection therewith, all expenses incident thereto to be assumed by my employer. I also recognize and agree that papers, records and plans generated by me or others for my employer are my employer's property and I am not to make any unauthorized disclosure or retain copies of them.

I agree to pay my employer upon demand the cost of any equipment received by me while in its employ which is lost or damaged or which I fail to return in good condition (except for ordinary wear and tear in the course of business). I waive any responsibility on the part of my employer for loss or damage to personal equipment.

I understand that my employment is not for any definite term, and may be terminated at any time, without advance notice, with or without cause, by either myself or employer at the will of either. I agree to conform to such personnel practices, procedures and policies, and changes therein, as my employer may from time to time adopt, and that my employment shall be subject to such layoffs, and my pay and benefits to such adjustments as my employer may from time to time determine.

I understand that medical information disclosed to my employer's examining physician is not for treatment as a patient and is not privileged. I elect to become subject to the state workers' compensation law that is or becomes applicable to my employment.

I acknowledge that the terms contained herein are the entire terms of my employment, that personnel practices, procedures and policies of my employer shall not change my employment from one terminable at will, that there are no other arrangements, agreements, or understandings, oral or in writing, regarding my present or future employment with Ford Motor Company or any of its subsidiaries and that any purported arrangements, agreements or understandings made in the future shall not be valid unless evidenced by a writing signed by me and the vice president responsible for employee relations.

EMPLOYEE'S SIGNATURE

REMARKS

COMPANY REPRESENTATIVE AND WITNESS OF EMPLOYEE'S SIGNATURE

**EXHIBIT**97 8-10-03  
AMB

EXH1 0331

**EXHIBIT**101 8-11-03  
PMB**EMPLOYMENT AGREEMENT**

In consideration of the compensation paid to me as an employee and the facilities and data made available to me by Ford Motor Company, I hereby recognize as the exclusive property of, and assign, transfer, and convey to the Company without further consideration each and every invention, discovery or improvement made, conceived or developed by me (whether alone or jointly with others) during the period of my employment which relates to any matter, thing, process or method of manufacture connected in any way with my work or with tests carried on by the Company or which is within the scope of its business, and I will upon request by the Company at any time execute documents assigning to it, or its designee, any such invention, discovery or improvement or any patent application or patent granted therefor, and will execute any papers requested relating thereto. I will also give all reasonable assistance to the Company, or its designee, regarding any litigation or controversy in connection therewith, all expenses incident thereto to be assumed by the Company.

I agree to pay Ford Motor Company, and hereby authorize said Company to deduct from any moneys due me, the sum of \$3.00 for each Identification Pass, \$5.00 for each picture badge, 50 cents for each Tool Check, and the cost of any other equipment received by me while in its employ, which is lost or damaged, or, which I fail to return in good condition (except for ordinary wear and tear in the course of business) upon demand. I waive any responsibility on the part of said Company for loss or damage to personal equipment.

I understand that my employment is not for any definite term, and may be terminated at any time, without advance notice, by either myself or Ford Motor Company; that my employment is subject to such rules, regulations, and personnel practices and policies, and changes therein, as Ford Motor Company may from time to time adopt; and that my employment shall be subject to such layoffs, and my compensation to such adjustments, as Ford Motor Company may from time to time determine.

I understand that medical information disclosed to the Company's examining physician is not for treatment as a patient and is not privileged.

I elect to become subject to the state workmen's compensation law that is or becomes applicable to my employment.

I acknowledge that the terms contained herein are the entire terms of my employment agreement, that there are no other arrangements, agreements, or understandings, verbal or in writing, regarding my present or future employment with Ford Motor Company and that any purported arrangements, agreements or understanding made in the future shall not be valid unless evidenced by a writing signed by a properly authorized representative of Ford Motor Company.

EMPLOYEE'S SIGNATURE

*William J. DeVito*

COMPANY REPRESENTATIVE AND WITNESS OF EMPLOYEE'S SIGNATURE

*J. K. Kelly*

REMARKS:

EWM1 0016

**EMPLOYMENT AGREEMENT**

In consideration of the compensation paid to me as an employee and the facilities and data made available to me by my employer identified on the reverse side I hereby recognize as the exclusive property of, and assign, transfer, and convey to my employer without further consideration each and every invention, discovery or improvement made, conceived or developed by me (whether alone or jointly with others) during the period of my employment which relates to any matter, thing, process or method of manufacture connected in any way with my work or with tests carried on by Ford Motor Company or any of its subsidiaries, or which is within the scope of their business, and I will upon request of my employer at any time execute documents assigning to it, or its designee, any such invention, discovery or improvement or any patent application or patent granted therefor, and will execute any papers requested relating thereto. I will also give all reasonable assistance to my employer, or its designee, regarding any litigation or controversy in connection therewith, all expenses incident thereto to be assumed by my employer. I also recognize and agree that papers, records and plans generated by me or others for my employer are my employer's property and I am not to make any unauthorized disclosure or retain copies of them.

I agree to pay my employer upon demand the cost of any equipment received by me while in its employ which is lost or damaged or which I fail to return in good condition (except for ordinary wear and tear in the course of business). I waive any responsibility on the part of my employer for loss or damage to personal equipment.

I understand that my employment is not for any definite term, and may be terminated at any time, without advance notice, with or without cause, by either myself or employer at the will of either. I agree to conform to such personnel practices, procedures and policies, and changes therein, as my employer may from time to time adopt, and that my employment shall be subject to such layoffs, and my pay and benefits to such adjustments as my employer may from time to time determine.

I understand that medical information disclosed to my employer's examining physician is not for treatment as a patient and is not privileged. I elect to become subject to the state workers' compensation law that is or becomes applicable to my employment.

I acknowledge that the terms contained herein are the entire terms of my employment, that personnel practices, procedures and policies of my employer shall not change my employment from one terminable at will, that there are no other arrangements, agreements, or understandings, oral or in writing, regarding my present or future employment with Ford Motor Company or any of its subsidiaries and that any purported arrangements, agreements or understandings made in the future shall not be valid unless evidenced by a writing signed by me and the vice president responsible for employee relations.

EMPLOYEE'S SIGNATURE

REMARKS:

COMPANY REPRESENTATIVE AND WITNESS OF EMPLOYEE'S SIGNATURE

**EXHIBIT**106 8-12-03  
AMB

EWW1 0124



**EXHIBIT**110 8-12-03  
AMB**EMPLOYMENT AGREEMENT**

In consideration of the compensation paid to me as an employee and the facilities and data made available to me by my employer identified on the reverse side, I hereby recognize as the exclusive property of, and assign, transfer, and convey to my employer without further consideration each and every invention, discovery or improvement made, conceived or developed by me (whether alone or jointly with others) during the period of my employment which relates to any matter, thing, process or method of manufacture connected in any way with my work or with tests carried on by Ford Motor Company or any of its subsidiaries, or which is within the scope of their business, and I will upon request of my employer at any time execute documents assigning to it, or its designee, any such invention, discovery or improvement or any patent application or patent granted therefor, and will execute any papers requested relating thereto. I will also give all reasonable assistance to my employer, or its designee, regarding any litigation or controversy in connection therewith, all expenses incident thereto to be assumed by my employer.

I agree to pay my employer, and hereby authorize it to deduct from any moneys due me, the sum of \$3.00 for each identification pass, \$5.00 for each picture badge, 50 cents for each tool check, and the cost of any other equipment received by me while in its employ, which is lost or damaged, or which I fail to return in good condition (except for ordinary wear and tear in the course of business) upon demand. I waive any responsibility on the part of my employer for loss or damage to personal equipment.

I understand that my employment is not for any definite term, and may be terminated at any time, without advance notice, by either myself or my employer; that my employment is subject to such rules, regulations and personnel practices and policies, and changes therein, as my employer may from time to time adopt; and that my employment shall be subject to such layoffs, and my compensation to such adjustments, as my employer may from time to time determine.

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EMPLOYEE'S SIGNATURE

COMPANY REPRESENTATIVE AND WITNESS OF EMPLOYEE'S SIGNATURE

REMARKS:

EWH1 1232

7. 401 DISABILITY INSURANCE FOR EMPLOYEES BEING PENSIATED

you are not covered by a group-term life insurance policy, and a salary insurance plan covering previous employment, is a contract that you must have your full and complete understanding of the plan's terms and conditions before you can agree to it. If you do not understand the plan's terms and conditions, you should not agree to it. If you do not understand the plan's terms and conditions, you should not agree to it. If you do not understand the plan's terms and conditions, you should not agree to it.

## EMPLOYMENT AGREEMENT

[illegible][illegible][illegible]

1. Under Section 552(a)(7)(C), information is withheld from public release if it is exempt from public release under one or more of the following exemptions:

and history pur-  
statements, ap-  
of the report

at present, the  
the no  
D.T. have been done or may be  
shut out unless evidence

James E. Crum

# EXHIBIT

113 8.12.03  
AmB

EWW1 0873

**EMPLOYMENT AGREEMENT**

In consideration of the compensation paid to me as an employee and the facilities and data made available to me by my employer identified on the reverse side, I hereby recognize as the exclusive property of, and assign, transfer, and convey to my employer without further consideration each and every invention, discovery or improvement made, conceived or developed by me (whether alone or jointly with others) during the period of my employment which relates to any matter, thing, process or method of manufacture connected in any way with my work or with tests carried on by Ford Motor Company or any of its subsidiaries, or which is within the scope of their business, and I will upon request of my employer at any time execute documents assigning to it, or its designee, any such invention, discovery or improvement or any patent application of patent granted therefor, and will execute any papers requested relating thereto. I will also give all reasonable assistance to my employer, or its designee, regarding any litigation or controversy in connection therewith, all expenses incident thereto to be assumed by my employer.

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EMPLOYEE'S SIGNATURE

*Randall Newsome*

COMPANY REPRESENTATIVE AND WITNESS OF EMPLOYEE'S SIGNATURE

*W. E. Jones*

REMARKS:

**EXHIBIT**

121 8.21-03  
AMB

EWW1 0935

**EMPLOYMENT AGREEMENT**

In consideration of the compensation paid to me as an employee and the facilities and data made available to me by my employer identified on the reverse side, I hereby recognize as the exclusive property of, and assign, transfer, and convey to my employer without further consideration each and every invention, discovery or improvement made, conceived or developed by me (whether alone or jointly with others) during the period of my employment which relates to any matter, thing, process or method of manufacture connected in any way with my work or with tests carried on by Ford Motor Company or any of its subsidiaries, or which is within the scope of their business, and I will upon request of my employer at any time execute documents assigning to it, or its designee, any such invention, discovery or improvement or any patent application or patent granted therefor, and will execute any papers requested relating thereto. I will also give all reasonable assistance to my employer, or its designee, regarding any litigation or controversy in connection therewith, all expenses incident thereto to be assumed by my employer.

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EMPLOYEE'S SIGNATURE <i>Ted Chington</i>	COMPANY REPRESENTATIVE AND WITNESS OF EMPLOYEE'S SIGNATURE <i>[Signature]</i>
REMARKS:	

**EXHIBIT**

125

8-21-03  
AMB

EWW1 0177

**LIFE DISABILITY INSURANCE FOR EMPLOYEES BEING REINSTATED**

If you were a subscriber to the Life and Disability Insurance Plan during previous employment, it is assumed that you wish to have your insurance reinstated as of the date of your return to active employment.

If you do not desire to have your insurance reinstated, you must contact your Personnel Benefits Representative and complete a Cancellation Form.

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**1. Number of Exemptions.**—Do not claim more than the correct number of exemptions. However, if you expect to owe more income tax than will be withheld, you may either claim a smaller number of exemptions or enter into an agreement with your employer to have additional amounts withheld. This is important if you have more than one employer.

If both husband and wife are employed, ask your employers to see Internal Revenue Service Notice 143 that shows how to claim withholding exemptions so as to avoid owing large additional amounts of taxes.

Nonresident aliens other than residents of Canada, Mexico, or Puerto Rico may claim only one personal exemption.

**2. Itemized Deductions.**—See Schedule A (Form W-4) for instructions on claiming additional withholding allowances based on large itemized deductions.

**3. Changes in Exemptions.**—You may file a new certificate at any time if the number of your exemptions **INCREASES**.

You must file a new certificate within 10 days if the number of exemptions you previously claimed **DECREASES**. Examples of sit-

uations in which the number of your exemptions would decrease are as follows:

(a) You and your wife (or husband) for whom you have been claiming an exemption are divorced or legally separated.

(b) Your wife (or husband) for whom you have been claiming an exemption claims her (or his) own exemption on a separate certificate.

(c) You no longer expect to furnish more than half the support for the year of a dependent for whom you have been claiming an exemption.

(d) You find that a dependent for whom you claimed an exemption will receive \$625 or more of income of his own during the year (except your child who is a student or who will be under 19 years of age at the end of the year).

The death of a spouse or a dependent does not affect your withholding until the next year, but requires the filing of a new certificate. If possible, file a new certificate by December 1 of the year in which the death occurs. If you qualify as a surviving spouse with dependent child (children), you may claim your personal exemption on line 2 as a married individual for the two years following the year of the death of your spouse.

*This amount is \$625 for 1970, \$650 for 1971, \$700 for 1972 and \$750 for 1973 and thereafter.*

**4. Dependents.**—Each dependent claimed on line 4 must meet all of the following tests:

(a) **Income.**—Will receive less than \$625 of income (if the child will be under 19 at the end of the year or is a full-time student, this limitation does not apply).

(b) **Support.**—Will receive more than half of his support from you (from husband or wife if a joint return is filed).

(c) **Married Dependents.**—Will not file a joint return with husband or wife.

(d) **Nationality.**—Be either a citizen or resident of the U.S. or a resident of Canada, Mexico, the Republic of Panama or the Canal Zone; or be an alien child adopted by and living with a U.S. citizen abroad.

(e) **Relationship.**—(1) Be related to you as follows:

Child	Stepbrother	Son-in-law
Stepchild	Stepfather	Daughter-in-law
Mother	Stepmother	The following if related by blood:
Father	Stepfather	Uncle
Grandparent	Mother-in-law	Aunt
Brother	Father-in-law	Nephew
Sister	Brother-in-law	Niece
Grandchild	Sister-in-law	

or (2) be a member of your household and have your home as his principal residence for the entire taxable year.

*Includes a child who is a member of your household if placed with you by an authorized placement agency for legal adoption.*

**EMPLOYMENT AGREEMENT**

In consideration of the compensation paid to me as an employee and the facilities and data made available to me by my employer identified on the reverse side, I hereby recognize as the exclusive property of, and assign, transfer, and convey to my employer without further consideration each and every invention, discovery or improvement made, conceived or developed by me (whether alone or jointly with others) during the period of my employment which relates to any matter, thing, process or method of manufacture connected in any way with my work or with tests carried on by Ford Motor Company or any of its subsidiaries, or which is within the scope of their business, and I will upon request of my employer at any time execute documents assigning to it, or its designee, any such invention, discovery or improvement or any patent application or patent granted therefor, and will execute any papers requested relating thereto. I will also give all reasonable assistance to my employer, or its designee, regarding any litigation or controversy in connection therewith, all expenses incident thereto to be assumed by my employer.

I agree to pay my employer, and hereby authorize it to deduct from any moneys due me, the sum of \$3.00 for each identification pass, \$2.00 for each picture badge, 50 cents for each tool check, and the cost of any other equipment received by me while in its employ, which is lost or damaged, or which I fail to return in good condition (except for ordinary wear and tear in the course of business) upon demand. I waive any responsibility on the part of my employer for loss or damage to personal equipment.

I understand that my employment is not for any definite term, and may be terminated at any time, without advance notice, by either myself or my employer; that my employment is subject to such rules, regulations, and personnel practices and policies, and changes therein, as my employer may from time to time adopt; and that my employment shall be subject to such layoffs, and my compensation to such adjustments, as my employer may from time to time determine.

I understand that medical information disclosed to my employer's examining physician is not for treatment as a patient and is not privileged. I elect to become subject to the state workmen's compensation law that is or becomes applicable to my employment.

I acknowledge that the terms contained herein are the entire terms of my employment agreement, that there are no other arrangements, agreements, or understandings, oral or in writing, regarding my present or future employment with Ford Motor Company or any of its subsidiaries and that any purported arrangements, agreements or understandings made in the future shall not be valid unless evidenced by a writing signed by a properly authorized representative of my employer.

**EXHIBIT**

128 8-2203 DMB

EWM 0969

EMPLOYEE'S SIGNATURE

Edward L. Stegmann

REMARKS:

COMPANY REPRESENTATIVE AND WITNESSES OF FORD MOTOR SIGNATURE

[Signature]

## LIFE AND DISABILITY INSURANCE FOR EMPLOYEES BEING REINSTATED

If you were a subscriber to the Life and Disability Insurance Plan during previous employment, it is assumed that you wish to have your insurance reinstated as of the date of your return to active employment.

If you do not desire to have your insurance reinstated, you must contact your Personnel Benefits Representative and complete a Cancellation Form.

## EMPLOYMENT AGREEMENT

In consideration of the compensation paid to me as an employee and the facilities and data made available to me by my employer identified on the reverse side, I hereby recognize as the exclusive property of, and assign, transmit, and convey to my employer without further consideration each and every invention, discovery or improvement made, conceived or developed by me (whether alone or jointly with others) during the period of my employment which relates to any matter, thing, process or method of manufacture connected in any way with my work or with tests carried on by Ford Motor Company or any of its subsidiaries, or which is within the scope of their business, and I will upon request of my employer at any time execute documents assigning to it, or its designee, any such invention, discovery or improvement or any patent application or patent granted therefor, and I will execute any papers requested relating thereto. I will also give all reasonable assistance to my employer, or its designee, regarding any litigation or controversy in connection therewith at an expense incident thereto to be assumed by my employer. I also recognize and agree that papers, records and plans generated by me or others for my employer are my employer's property and I am not to make any unauthorized disclosure or retain copies of them.

I agree to pay my employer upon demand the cost of any equipment received by me while in my employ which is lost or damaged or which I fail to return in good condition (except for ordinary wear and tear in the course of business). I waive any responsibility on the part of my employer for loss or damage to personal equipment.

I understand that my employment is not for any definite term, and may be terminated at any time, without advance notice, with or without cause, at any time, if or when at the will of either party. I agree to conform to such personnel practices, procedures and policies, and changes therein, as my employer may from time to time adopt, and that my employment shall be subject to such layoffs and my pay and benefits to such adjustments as my employer may from time to time determine.

I understand that medical information disclosed to my employer's examining physician is not for treatment as a patient and is not privileged. I elect to become subject to the state workers' compensation law that is or becomes applicable to my employment.

I acknowledge that the terms contained herein are the entire terms of my employment that personnel practices, procedures and policies of my employer shall not change my employment from one terminated at will, that there are no other arrangements, agreements, or understandings, oral or in writing, regarding my present or future employment with Ford Motor Company, or any of its subsidiaries, and that any purported arrangements, agreements or understandings made in the future shall not be valid unless evidenced by a writing signed by me and the vice president responsible for employee relations.

*Priscilla J. Blanco*  
EMPLOYEE'S SIGNATURE

COMPANY REPRESENTATIVE AND WITNESS OF EMPLOYEE'S SIGNATURE

*U. E. Jones*

REMARKS

**EXHIBIT**

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